



THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON

November 1, 2007

Major General James H. Mukoyama, Jr., AUS (Ret.)  
Chairman  
Advisory Committee on Minority Veterans  
4009 Tracey Court  
Glenview, IL 60025

Dear General Mukoyama:

Thank you for reporting on the activities of the Advisory Committee on Minority Veterans for 2007.

Based on my review, it is clear the Committee has been engaged in a strong effort to collect relevant data and generate feedback from Department of Veterans Affairs (VA) staff. I am also aware of the excellent support this Committee is providing to VA to enhance the services provided to minority veterans. This Committee has been an integral part of VA policy on the services provided to minority veterans for over 12 years.

For ease of reference, our responses to the Committee's recommendations are presented in the order in which the recommendations appeared in its report. VA will provide copies of this report to the appropriate members of the House and Senate Veterans' Affairs Committees. I commend and thank you and your Committee colleagues for the extraordinary work.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Gordon H. Mansfield", is written over a horizontal line.

Gordon H. Mansfield  
Acting

Enclosures

**DEPARTMENT OF VETERANS AFFAIRS (VA)  
RESPONSE TO ADVISORY COMMITTEE ON MINORITY VETERANS'  
RECOMMENDATIONS**

**Recommendation 1:** VA establish the feasibility of implementing a cooperative agreement with the Alaska Native Tribal Health Consortium (ANTHC); Alaska Tribal Health System; Alaska Area Native Health Service; Indian Health Service (IHS); Alaska Native Medical Center (ANMC); Southcentral Foundation (SCF) to provide all services which fall within the purview of VBA and VHA. This would include the following actions:

- a. VA reimburses those entities, through ANTHC, for all services rendered to Alaska Native veterans;
- b. VA conducts a feasibility study to examine whether the ANTHC can provide same services that can be offered to the general veteran population (non Alaska Natives) which may be located in close proximity to rural areas and villages throughout the state of Alaska;
- c. VA develops, coordinates, and submits all legislative initiatives for enactment of cooperative agreements, and/or elimination/modifications of statutes, which might impede the establishment and/or consummation of those agreements;
- d. VA recognizes the influence and importance of Alaska Native Elders and that VA coordinates with and secures the approval of these Elders before finalizing and implementing cooperative agreements.

**VA Response:**

The following describes the current collaborations in Alaska among Federal and non-Federal partners as well as issues related to cooperative agreements for reimbursements of services provided by the Alaska Native Tribal Health Consortium (ANTHC).

Organizational cooperation between VA and the Indian Health Service (IHS) was formalized between the two partners in 1995, along with units of the Department of Defense (US Army and US Air Force), the US Coast Guard, and Alaska Native Medical Center (ANMC), through the signing of a common memorandum of agreement institutionalizing the Alaska Federal Healthcare Partnership (AFHCP). The authority for this partnership is *The Economy Act* (31 U.S.C. 1535); the *Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act* (38 U.S.C. 8101-8169); and *The Indian Health Care Improvement Act* (25 U.S.C. 1601, et. seq.).



From 1995 to 1999, the AFHCP provided an excellent forum "to improve access to health care, and provide high quality health care and support services sensitive to the needs of federal beneficiaries." Numerous awards were won because of the uniqueness of this multi-agency consortium and its regular forum for discussion of health care sharing. During 1999, AFHCP's organizational structure was enhanced when the ANTHC was granted full membership. The Director, Alaska VA Health Care System (Anchorage), serves as the host of the AFHCP quarterly executive meetings. Subcommittees exist for strategic planning, logistics and clinical sharing, education sharing, and technology and telehealth. VA, as a participant and leader in this unique Federal level collaborative, has been able to leverage the AFHCP to find solutions in Alaska's challenging environment to mutually benefit all who use the services of these organizations.

The Alaska Tribal Health System, the ANMC; and the Southcentral Foundation (SCF) all participate in the ANTHC. ANMC and SCF are located in Anchorage. The Alaska VA Healthcare System (AVHS) also has a large Outpatient Clinic in Anchorage. ANTHC receives funding from IHS and the Alaska Area Native Health Service. Through the Board of Directors for ANTHC, IHS monies are distributed to the various tribal health care organizations. All these organizations already work closely together through the AFHCP.

An understanding of the organizational structure for delivery of care to IHS beneficiaries, the executive level of collaboration between IHS and VA, and the individual initiatives of both organizations is important when considering any changes in the system to assure quality care for all rural Alaska. In Alaska, IHS has no direct care clinics. Alaska represents a unique tribal self-governance environment. Ninety-nine percent of IHS funds are administered by Alaska tribes through the ANTHC. ANTHC provides oversight management of the ANMC in Anchorage, which serves as the referral center and gatekeeper for specialty care. ANTHC works in cooperation with tribes, Native health organizations and municipalities to achieve its goal of ensuring all Alaska Natives have access to comprehensive integrated tribally managed health care. The system includes a robust combination of hub-and-spoke regional health care facilities and village health clinics. This care also includes travel and lodging benefits for Alaska Native beneficiaries who may need to travel for their health care within the Alaska Native health care system. The Alaska tribal health system is built on a strong sense of community and shared relationships among Alaska Natives, resulting in a respected healthcare delivery system that provides the highest quality care to the maximum number of Alaska Natives. For example, the ANMC is an accredited tertiary medical center, trauma certified (only facility in Alaska), Magnet status, Baldrige winner and a national leader in implementing the Institute for Healthcare Improvements principles that provides excellent medical care to their beneficiaries in a culturally appropriate and friendly setting.

The following lists several examples of how VA actively works with Alaska Native groups throughout Alaska:

- Planning, developing, funding and operational execution of the Alaska Federal Health Care Access Network (AFHCAN) is a 4-year, \$38 million project to implement telemedicine at over 235 sites around the state. Today, under operational management of ANTHC, AFHCAN is the largest operational telemedicine network in the world. This infrastructure provides the promise of future VA/Tribal Health System telemedicine projects. Multi-year planning, funding and deployment of computed radiography (Teleradiology) at the same 235 sites associated with the AFHCAN deployment began in 1997. The final phase of this deployment is currently planned for 2007.
- Initiating a multi-year home telehealth monitoring project modeled with policies and procedures used in VA's Care Coordination/Home Telehealth (CCHT) Program. At present, four Native regional health care organizations have signaled intent to participate. The Alaska VA Healthcare System has had CCHT capability since FY06. VA currently has 157 veterans who reside throughout the State participating in the program. Three of the 157 are Alaska Natives living in Nome, Juneau, and Anchorage. VA continues to build this program with successful outcomes.
  - Concept of Operations: Provide mental health video teleconferencing (VTC) in Western Alaska. The preferred option is telepsychiatry and the preferred site for this veteran access is the Yukon Kuskokwim (YK) Regional Healthcare Corporation. YK was chosen because of the large number of veterans in the area. These preferred options will be determined and negotiated as partners are identified. The prospects for providing CCHT monitoring in the Western Region for Alaska Native veterans will also be reviewed. Deployment of 10 monitors is anticipated in the first year.
  - Projected Timelines:

Aug 27-28, 2007: Plans finalized for the team's travel through various Native sites.

Sept 10, 2007: MH Team met with AFCAN to determine technology specifications and interest in partnering.

Sept 12-30, 2007: Team visited regional native healthcare organizations to include discussion of telemental health possibilities.

Sept 2007: Telepsychiatry established at Kenai. This maximizes use of existing VTC equipment in both sites to facilitate moving forward with this plan until the new equipment arrives. This pilot will provide a template for using the same format in Western Alaska. Social and Behavioral Health Service currently has the capacity to absorb this workload with current staffing. Recruitment is also underway for an ANP to support this project.

Nov 2007: Initiate discussion with Bethel, Dillingham and/or Nome Native Corporations to discover which corporation will actually support this initiative. Continue discussions to identify clinical champions to support the initiative within the corporation. Be prepared to discuss Native vs. Non-Native care in these discussions as well.

Feb 2008: Initiate development of sharing agreements/MOU with respective native healthcare organizations. Identify space to be used through sharing agreement or RFP.

Mar 2008: Review connectivity issues and costs. Determine if additional T1 satellite lines are required (costs around \$10,000 a month) or if the AFHCAN network can support.

May 2008: Finalize sharing agreements and deploy Tele-Psychiatry equipment. Provide training to staff on equipment use.

June 2008: Test capability at each site

July 2008: Begin seeing patients.

- Mutually developing contracts and sharing to provide various services to support the identified requirements of both organizations. Examples have included services such as ophthalmology, cardiology, internal medicine, perinatology, women's services, tumor registry, radiology technician agreements, and air evacuation services.

VA's experience is that most Alaska Natives choose to use their benefits through the Native Tribal Healthcare System as the primary source of health care. Health care through the Alaska Native Healthcare System is regionally more accessible (closer to where they actually reside) and provides the same level of Primary and Specialty Care as VA. Travel is paid if an Alaska Native must come to Alaska Native Medical Center. The services Alaska Native veterans most frequently



access from VA are ones not provided by the Alaska Native Healthcare System such as residential (VA Domiciliary) care and contract nursing home care for Millennium Bill-eligible veterans. VA often serves as a safety net and additional benefits package for these veterans.

The committee's recommendation that VA reimburse for care of dual-eligible Alaska Native veterans has often been discussed with Alaska Native Regional Hospitals. VA disagrees with this recommendation. VA may pay for health care of enrolled veterans from non-VA providers only in very limited circumstances and only when VA is unable to provide care that it has determined is necessary. VA controls and monitors all VA care that enrolled veterans receive. By regulation, VA does not provide hospital or outpatient care to veterans who are either patients or inmates in an institution of another government agency if that agency has a duty to give the care. 38 CFR 17.38(c)(5). If an enrolled veteran seeks care from another government agency, that government agency should be responsible for paying for the care furnished. Moreover, the rationale for this recommendation would apply equally to dual-eligible veterans in government institutions throughout the country. If an enrolled veteran seeks care from VA, however, VA has authority to contract with the Alaska Native Tribal Health Consortium to provide that care if VA facilities are not capable of providing the care and if the veteran meets the eligibility requirements for fee basis care.

**Recommendation 2:** Secretary and Deputy Secretary encourage VA leadership officials to utilize all available means (i.e. Internships, Mentoring Programs, Executive Career Field Training Programs, Leadership VA, SES Candidate Development Program) to promote the career development of VA minority and female employees. The ultimate goal will be to increase the number of VA minority group employees in leadership positions throughout the Department.

#### **VA Response:**

VA recognizes the need to encourage participation of minorities in its career development programs which are described as follows:

VA has consistently provided career development training opportunities designed to prepare all VA employees with knowledge and skills necessary to perform in higher grades. These programs include the Technical Career Field Program (TCF)-GS-5-9; the Leadership, Effectiveness, Accountability, Development Program (LEAD)-GS-11-13; the Executive Career Field Candidate Development Program (ECFCDP)-GS-13-14/Nurse IV/Physician Tier 2); and Leadership VA (LVA)-GS-13 and higher. The percentages of minority participation for these programs in FY 2006 were: LEAD-27.12%; TCF-29.90%, ECFCDP-20%; and LVA-24.29%. These percentages reflect a significant percentage of minority candidate participation in these programs that are designed to foster career development for employees.

The TCF internship program was created to develop employees in field where full-time training in VHA procedures and regulations is required. Recruitment is focused on local colleges and universities. The 2-year internships are centrally funded.

The ECFCP is a 2-year program comprised of didactic training, assessment, mentoring, precepting, a personal development plan, and focused activities in a specific career track. The program does not guarantee placement in an executive position.

As a part of workforce and succession planning strategies, VA overall continues to provide all employees with training based on the High Performance Development Model, as well as train a diverse employee population for leadership positions. VA also has an active employment initiative with the IHS to recruit Native Americans and Alaska Natives. This initiative involves the efforts of VA's Office of Retention and Recruitment to link the IHS Web site to VA's Web site and Office of Management Support to provide employment packages to IHS, as well as to support additional communications with the tribal colleges.

VA's Assistant Director Development (ADD) Program is designed to help high-performing employees in Grades 13, 14 or 15 with management experience and leadership potential to prepare for future Assistant Director positions in Regional Offices. It provides the opportunity to meet VA's goal of improving the representation of women, minorities, and persons with disabilities in leadership roles. The ADD Program enables participants to prepare for the Assistant Director position through classroom training, e-learning, self-development, individual and group projects, and detailed assignments.

VA's Leadership Enhancement and Development (LEAD) Program is designed to enhance the leadership potential of high-performing employees in mid-level grades. It also provides an opportunity to meet VA's goal of improving the representation of women, minorities, and persons with disabilities in leadership roles. The LEAD program enables participants to develop their leadership skills through classroom training, individual and group projects, and shadowing assignments.

VA's Loan Guaranty Service (LGY) offers non-supervisory LGY field employees at the GS 9 through 12 levels an opportunity to participate in the Loan Guaranty Leadership Enrichment Program. This program is designed to identify and develop a diverse cadre of potential future leaders within the LGY program.

VA's Vocational Rehabilitation and Employment (VR&E) Managerial Enhancement Program (MEP) is designed to identify and enrich a diverse cadre of potential future leaders within the VR&E workforce. The program is designed for non-supervisory VR&E regional office personnel at the GS 11-12 level in the

following positions: Vocational Rehabilitation Counselor, Counseling Psychologist, Employment Coordinator, and Management Analyst.

VA Regional Offices (ROs) may participate in three internship programs. The programs include the Hispanic Association of Colleges and Universities (HACU), Minority Access, Inc. (MAI), and the Workforce Recruitment Program (WRP) for Disabled College Students. VA's primary responsibility in these internship programs is to ensure the development of work plans that incorporate meaningful and challenging work assignments for interns, and to provide high quality and consistent supervision so that the interns' work experiences are rewarding.

VA's Human Resources and Education/Training has consistently provided internships, programs and career development training opportunities designed to prepare employees presently in lower grades, GS 7 through GS 12, with the knowledge and skills necessary to perform successfully in senior level positions, GS 13 through GS 15. The majority of the women and minorities that occupy the lower grades take full advantage of VA's career development opportunities. In some areas, VA is on target to increase the representation of women and minorities in the leadership pipeline to fill senior level positions as they become available. VA employees have consistently applied and have been selected for the Leadership VA Program and VA's SES Candidate Development Program on an annual basis. Women and minorities are waiting in the wings to fill vacant leadership positions as they become available due to the commitment and due diligence of VA's leadership to increase the representation of groups that have lower than expected participation.

VA has recently enhanced its program offerings related to career development for all employees by offering classroom-based training at Central Office and also by incorporating a dedicated module on employee development in our supervisory training. Additionally, resource materials have (and will continue to be) made available via our new Education and Training Web site for VA personnel to access and work on individual development planning.

**Recommendation 3:** VA's outreach programs are extended and/or modified to include all means and processes to advise minority veterans of their entitlements and the Office of National Outreach Program Coordination provides the Committee a report reflecting actions initiated to date.

**VA Response:**

VA has an established history of reaching out to minority veterans on both national and local levels. For example:



- Since 2003, VA and the Department of Health and Human Services' Indian Health Service have worked under a formal agreement to share resources and improve health care for rural Native Americans and Alaska Native veterans. At the national level, outreach activities have consisted of increased communications between VA and IHS through the Headquarters Advisory Group and the Steering Committee, briefings such as the VA briefing on VA Seamless Transition Activities to IHS leadership, IHS participation in the VA Symposium on "Caring for Veterans Returning from Recent Conflicts," and the use of the joint IHS/VA Web site. The Tribal Veterans Representative (TVR) Resource Guide and the TVR Facilitator Guide have been completed and were distributed in November 2006.

At the local level, most networks are engaged in a variety of outreach activities, including meetings and conferences with IHS program and tribal representatives, VA membership in the Native American Healthcare Network, VA participation in traditional Native American ceremonies offering traditional mind-body-spirit healing. Activities that are monitored with a performance measure include tracking enrollment, identifying American Indian/Alaska Native (AI/AN) populations in service areas, conducting needs assessment surveys, as well as communicating about VA's health care program and VA benefits. In regard to outreach activities in Alaska, the Alaska VA Healthcare System: has placed an outreach table at the last five annual Alaska Federation of Natives conferences, is building a Tribal Veteran Representative program, and will participate in the Municipality of Anchorage Diversity Month.

Several facilities serving substantial Native American veterans include the following examples:

- VA's Veterans Readjustment Counseling Service's Vet Centers all maintain outreach plans tailored to the diversity of their local veteran populations.
- The VA Office of Research and Development has made a priority of research on racial and ethnic disparities in health care, for example, establishing the Center for Health Equity Research and Promotion in Philadelphia and Pittsburgh.

In FY 2006, VA conducted over 100,000 hours of outreach to different audiences. These outreach activities included over 3,000 hours specifically for women veterans and almost 1,500 hours, specifically for Native American veterans. All of the other target audiences such as the elderly, homeless and service members separating from active duty included minority veterans.

VA also conducts a myriad of outreach programs nationwide to inform all veterans, including minority veterans of VA benefits and services. The active involvement of VA presents opportunities to provide information on eligibility and benefits to the minority veterans that participate in these programs. VA will continue to participate in various outreach programs to expand its reach to even more minority veterans.

**Recommendation 4:** VA ensures that translation services are available in VA facilities through either the services of employee translators or contract services. This will ensure that "Patients' Rights and Responsibilities" functions normally assigned to VHA are being addressed.

#### **VA Response:**

VA conducted an assessment of all health field facilities regarding Limited English Proficiency (LEP) which reflects translation services that are available at each facility. Most facilities have developed a comprehensive written LEP Policy on language accessibility and assistance, identified non-English language interpreters, established a list of interpreters, and translated written materials into languages (as appropriate).

Each VA health care field facility is required to make arrangements for voluntary interpreters, train staff to understand the LEP policy, and to conduct other essential factors of the LEP Program (i.e. arrange for telephone interpreters, establish contacts with outside interpreters, etc.). All health care field facilities are required to monitor the workforce as it relates to LEP and to make appropriate changes as the workforce continues to evolve with more diversity in order to appropriately and accurately extend services to veterans and their families.

Specifically, the Anchorage, Alaska VA Medical Center has a comprehensive written LEP policy and has conducted an assessment to determine the type of language assistance that is needed. The staff is trained on the LEP and has been instructed of the availability of these interpretative services as a part of their annual mandatory training. The medical centers will provide the appropriate arrangements for voluntary interpreters and telephone interpreters, as needed. The medical centers have identified languages that are needed within their population (Spanish, Chinese (Mandarin), German, Italian, French, Tagalog, Chavacano, Afrikaans, and Alaska Native (different languages), and Czechoslovakia). The medical centers have identified non-English language interpreters and have an established list. Interpreters are available to the veterans, as well as to their family members.

Spanish-speaking employees are available at most VA regional offices who can assist veterans and their dependents when the need arises. A Spanish edition of *Federal Benefits for Veterans and Dependents*, VA Pamphlet 80-07-01 is available also. Spanish versions of all our Benefit Facts Sheets are posted alongside the corresponding English version on the VA Web site. There is also a Tagalog version of the Benefits for Filipino Veterans Fact Sheet on the web site.

In FY 2007, VA implemented telephone translation services for each cemetery nationwide, Memorial Service Network Offices, Memorial Programs Service Central Office (CO) and Processing Site, and most of Nation Cemetery Administration (NCA) CO Offices/Services. LLE-LINK Telephone Interpreting Service is a step-by-step language identifier that will allow individuals to choose their language from printed examples. VA is committed to eliminating or reducing, to the extent practicable, barriers that would hinder individuals from meaningful access to VA programs and services.

**Recommendation 5:** The current appointment processes and procedures contained in VHA Directive 2006-055, VHA Outpatient Scheduling Processes and Procedures, be adhered to by the Alaska VAMC and other VHA facilities to ensure that veterans are not penalized unfairly, and that veterans' needs for health care services are fully met. This could be monitored during reviews under the current System-Wide Ongoing Assessment and Review Strategy (SOARS) process.

**VA Response:**

The Alaska VAMC handles appointment scheduling and "missed appointments" with sensitivity to the geographic and weather conditions in the State. The Alaska VAMC's appointment software uses a variety of categories to describe missed appointments, including inclement weather, patient cancelled, and clinic cancelled. The Alaska VAMC has no policy requiring that a veteran with three "no-shows" submit a request through the Director to re-schedule another appointment. In managing "no shows" and "late arrivals," VA accounts for uncontrollable situations such as shuttle van delays, hazardous road conditions, and medical or social emergencies.

**Recommendation 6:** VA, under the VA's State Cemetery Grants Program, facilitate discussions with the government officials of the State of Alaska and Alaska Native tribal leaders to explore the possibility of establishing additional veterans' cemeteries on either State or tribal lands.



### **VA Response:**

VA believes it is a worthy idea to facilitate discussion with interested government officials of Alaska and Alaska Native Tribal Leaders. Mr. Bill Jayne, past director for the State Cemetery Grants Program, traveled to the State of Alaska in May 2005 to meet with government officials and discuss the State veterans cemetery. Mr. Jayne also inspected potential sites for development. The State Cemetery Grant Program understands that the Alaska legislature is working on HB 45 to authorize Alaska Department of Veterans Affairs to establish and maintain Alaska veterans cemeteries and a fund for operation. The legislation passed the House on May, 4, 2007, and was referred to the Senate Finance Committee where it is currently held.

**Recommendation 7:** VA expeditiously complies with the VA Acting General Counsel Opinion, Subject: WebCIMS 372917-Collection of Veterans Ethnic and Racial Demographic Data, dated March 2, 2007.

### **VA Response:**

The VA Office of the Assistant Deputy Under Secretary for Health for Policy and Planning gathers demographics data regarding enrollees and produces results from the 2005 Survey of Veteran Enrollee's Health and Reliance Upon VA with Selected Comparisons to the 1999 - 2003 Surveys that is available at [www.va.gov/vhareorg/reports/FinalSOE.05.pdf](http://www.va.gov/vhareorg/reports/FinalSOE.05.pdf). The VA Office of Quality and Performance also collects data regarding patients and would be available to work on specific projects. The VA Office of Health Services Research and Development (HSR&D) currently funds a broad portfolio of studies to investigate minority veterans' use of services and other related topics. HSR&D is available to participate with the Center for Minority Veterans (CMV) regarding research to determine minority veterans' needs and the efficacy of VA programs.

VA captures racial and ethnic data on VA home loan applications and this is optional on the veteran's part. Discussions are ongoing with the CMV to discuss ways to identify how well VA is meeting the needs of all minorities. VA will shortly begin the process of establishing a new staff that will be responsible for conducting customer satisfaction surveys for business lines to include: compensation and pension, loan guaranty, vocational rehabilitation and employment, insurance and education. In the initial phase of this process, the services of a customer survey consultant will be acquired to provide advice on how to structure both the new staff and the surveys. As VA moves forward with the implementation of this new process, the incorporation of race/ethnicity questions into these business line surveys will be a significant consideration.

VA has not in the past solicited racial demographic information from VA National Cemetery beneficiaries. However, in our effort to comply with the reporting requirements of 38 U.S.C. Sec. 544 (c), VA will respond to any future request for staff to collect racial demographic information on a voluntary basis from VA National Cemetery beneficiaries.

**Recommendation 8:** The CMV provides information on their budget, employee resources, and accomplishment of their performance measures to the Committee during the next Washington, DC, meeting.

**VA Response:**

VA will provide the Committee a review of the CMV budget and a comprehensive review of CMV operations at the Committee meeting in November 2007.

**Recommendation 9:** CMV consider the necessity for sponsoring a Minority Veterans National Conference or Summit to provide outreach and veterans' benefits and assistance information to minority veteran conference attendees and address concerns and issues adversely affecting minority veterans.

**VA Response:**

VA's Administrations, VA Learning University/Employee Education System and other appropriate staff offices will work with CMV subject matter experts to determine the feasibility of having a Minority Veterans educational summit, as well as assist with logistics, development of curricula, and other matters. VA currently supports CMV's biennial Minority Veterans Program Coordinators (MVPC) conference financially and through the efforts of the VA Central Office (VACO) Minority Veterans Liaisons and the MVPCs.

The CMV will present the Committee a review of the possible format, logistical requirements, and anticipated merits of conducting a Minority Veterans National Conference or Summit at the Committee meeting scheduled for November 2007.

**Recommendation 10:** VA analyze their reported VA workforce minority employee statistics to ensure that they are consistent with the Office of Personnel Management (OPM) reporting of workforce minority employee statistics and ensure the accuracy and sustainability of conclusions concerning senior staff representation of VA minority workforce.

**VA Response:**

The Anchorage VA Regional Office agrees that partnership is key and it is actively participating in outreach functions through the IHS, which provides funding to Alaska Native Tribal Health Care Organizations through the Alaska Native Tribal Health Consortium. The Anchorage Regional Office works closely with the Alaska VA Healthcare System to provide outreach to Alaska Native beneficiaries and to develop and implement the first training for the TVR program in February 2007. A second training is planned for fall 2007.

Additionally, VA conducted outreach and education for Alaska Native Regional Healthcare staff across Alaska in September 2007. The focus of this training is a clinical presentation on post traumatic stress disorder (PTSD) and reintegration for returning servicemen and women, as well as education on the various benefits and services available through the Alaska VA Healthcare System and the Anchorage Regional Office.

Additional presentations in the community, such as faith-based organizations, veterans' service organizations, and media (most likely print and radio), are being explored as part of the outreach and educational efforts. VA will staff an informational booth at the Alaska Federation of Natives (AFN) conference each October. This has been an ongoing initiative for the past five years. VA coordinates outreach efforts in Alaska to ensure that all benefits are covered in outreaching to minority veterans.

VA will participate in a partnership with IHS to provide outreach materials when feasible. VA staff at the two Alaska national cemeteries and from the Memorial Service Network (MSN) V office in Oakland, California will be available to meet with Alaska Natives on issues specific to national cemetery benefits.



**VA Response:**

Diversity Management and Equal Employment Opportunity (DM&EEO) performs analysis on Race and National Origin participation in the VA workforce as part of its core mission. Statistical data provided by DM&EEO is produced in accordance with Equal Employment Opportunity Commission and OPM requirements. Based on workforce analysis, projections indicate a large number of anticipated retirements over the next 10 years. VA will have a significant number of senior executive vacancies and due to the number of white males in the projected retirement pool, normal attrition will create opportunities for minorities, women and other underrepresented groups.

**Recommendation 11:** Replicate the ongoing initiative VA has with the Elmendorf Air Force Base hospital in Fairbanks Alaska with the U. S. Army.

**VA Response:**

The Alaska VA Healthcare System has a very successful VA/DoD sharing agreement with Bassett Army Community Hospital (BACH). Although this is not one of the nine nationally-recognized VA/DoD Joint Venture facilities, as is Elmendorf, this relationship has benefited both entities. For example, BACH provides VA space in order to operate the Fairbanks Community Based Outpatient Clinic (CBOC). Bassett also provides pharmacy and other support for VA's CBOC. The Alaska VA Healthcare System will continue to look for opportunities to enhance services through the BACH sharing agreement and will use lessons learned from the Elmendorf joint venture to inform plans for future collaborative efforts with BACH.

**Recommendation 12:** VA develops and implements a Tribal Veterans Representative (TVR) program in Alaska.

**VA Response:**

The Alaska VA Healthcare System and the Anchorage RO have a TVR program in place. VA provided training to two TVR representatives in February 2007. The next TVR training will be held in fall 2007. VAs' staff regularly collaborates with IHS to expand training of TVR representatives and provide additional information to assist with this program.

**Recommendation 13:** The Alaska VA Regional Office should partner with IHS to provide outreach to Alaska Natives.